



# STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE

MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

Type or Print Clearly

1. Committee Identification No. <b>14141</b>		3. Type of Filing <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment to Item(s) _____	
2. Full Name of Committee <b>COMMITTEE TO ELECT SUSAN J SLANCIK FRASER TOWNSHIP TREASURER</b>		Date Change Took Place Month _____ Day _____ Year <b>92</b>	
4. Candidate Name <b>SUSAN J. SLANCIK</b> Office Sought (include district or jurisdiction served) <b>FRASER TWP. TREASURER</b>		County of Residence <b>BAY</b> Party (if applicable) <b>DEMOCRAT</b>	
5. Committee Street Address (street, city, state, zip code) <b>958 N. Huron Road Linwood, MI 48634</b>		5a. Committee Mailing Address (if different from street address)	
6. Date Committee Was Formed Mo. <b>6</b> Day <b>1</b> Yr. <b>92</b>	8. Full Name and Mailing Address of Treasurer <b>SUSAN J SLANCIK 958 N HURON LINWOOD, MI 48634</b>		Area Code and Phone <b>517-697-3334</b>
7. Committee Area Code and Phone <b>517-697-3334</b>			
9. Identify the person who will be responsible for the committee's records and Campaign Statement filings. If committee's treasurer will handle these responsibilities, leave this item blank.			
Name <b>FIRST OF AMERICA</b>		Mailing Address <b>120 W. CENTER, LINWOOD</b>	Area Code/Phone <b>517-894-90204</b>
Name <b>STATE BANK OF STANDISH</b>		Mailing Address <b>8 S. HURON, LINWOOD</b>	Area Code/Phone <b>517-697-4418</b>
10. REPORTING WAIVER SECTION <input checked="" type="checkbox"/> The Committee does NOT expect to receive or expend in excess of \$1,000.00 in an election.			
11. Names and addresses of depositories or intended depositories of committee funds (list both official depository and any secondary depositories).		12. This item applies only to a gubernatorial Candidate Committee. <input type="checkbox"/> Check if this committee intends to seek qualifying contributions for public funding.	
13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.			
Treasurer <b>SUSAN J SLANCIK</b> Type or Print Name		Signature <i>Susan J Slancik</i>	
Candidate <b>SUSAN J. SLANCIK</b> Type or Print Name		Signature <i>Susan J Slancik</i>	
Date <b>6 1 92</b> Mo. Day Year		Date <b>6 1 92</b> Mo. Day Year	
14. FOR OFFICEHOLDERS' USE ONLY (Complete only if you have established an Officeholder Expense Fund)			
14a. Full Name and Address of Officeholder Expense Fund	14b. Full Name and Address of Treasurer of Officeholder Expense Fund	14c. Officeholder Expense Fund Depository Name and Address	